## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandra, Virginia 22313-1450

or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as

maintenance fee notifications.  CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Fee(s) Trans	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying			
				papers, Each	papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
	590 04/06/2006				Certificate of Mailing or Transmission			
LIN & ASSOCIATES INTELLECTUAL PROPERTY P.O. BOX 2339 SARATOGA, CA 95070-0339					I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
					Ja	son Z. Lin	(Depositor's name)	
				ļ			(Signature)	
					$\underline{}$	And 28, 5	(Date)	
APPLICATION NO.	FILING DATE	FIRST NAMED IN		INVENTOR	-	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/600,485	06/20/2003 Ch			Lin 03163-URL 6326				
	APPARATUS AND METI MULTIPLEXING RECEIVE		TERLEAVING	G THE INTERLE.	AVED DA	ATA IN A CODED ORTHO	OGONAL	
APPLN. TYPE	SMALL ENTITY	ISSUE FI	EE	PUBLICATION FEE		TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400	)	\$300		\$1700	07/06/2006	
EXAMINER		ART UNIT		CLASS-SUBCLASS				
PEUGH, BRIAN R		2187	711-157000		0			
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> </ol>			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
3. ASSIGNEE NAME ANI	D RESIDENCE DATA TO B	E PRINTED ON T	THE PATENT	(print or type)				
				-	f an assign ent.	ee is identified below, the d	ocument has been filed for	
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)								
Industrial Te	chnology Resear	ch Institu	ıte	Hsinch	nu, Ta	iwan		
Please check the appropriat	e assignee category or catego	ories (will not be pri	inted on the pa	tent) : 🔲 Individ	tual 🗫 Co	orporation or other private gro	oup entity Government	
4a. The following fee(s) are enclosed:  4b. Payment				ee(s):			-	
☑ Issue Fee			A check in the amount of the fee(s) is enclosed.  Payment by credit card. Form PTO-2038 is attached.  Care Filter					
Publication Fee (No small entity discount permitted) Advance Order - # of Copies			The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).					
	s (from status indicated above SMALL ENTITY status. See	,	☐ b. Applica	int is no longer clain	ning SMA	LL ENTITY status. See 37 C	FR 1.27(g)(2).	
						y paid issue fee to the applica stered attorney or agent; or th		
Authorized Signature	4			Dat		April 28, 200	-	
Typed or printed name Jason Z. Lin				Registration No. 37,492				
Alexandria, Virginia 22313	-1430.					he public which is to file (and minutes to complete, includin mments on the amount of the Trademark Office, U.S. Depo S. SEND TO: Commissioner displays a valid OMB control		